



City of Clayton
10 North Bemiston Avenue
Clayton, Missouri 63105
(314) 290-0452 FAX: (314) 863-0296

APPLICATION FOR RESIDENTIAL CONDITIONAL USE PERMIT

(please type or print)

**ALL SECTIONS OF APPLICATION MUST BE COMPLETE.
APPLICATIONS MUST BE CONSISTENT WITH SUBMITTED MATERIALS.
ALL MATERIALS SUBMITTED MUST BE SIGNED/SEALED FOR REVIEW.
A \$235.00* APPLICATION FEE, ELEVEN (11) 11 X 17 PLAN SETS, A LETTER
ADDRESSED TO THE HONORABLE MAYOR AND MEMBERS OF THE
BOARD OF ALDERMEN REQUESTING THE CUP, AND AN ELECTRONIC
COPY (emailed to kaubuchon@claytonmo.gov) MUST ACCOMPANY THIS
APPLICATION
(INCLUDES \$35 NON-REFUNDABLE PROCESSING FEE)**

Location of Project: _____

Project Description: _____

PART A: PARTIES OF INTEREST *(additional parties may be listed on separate sheet)*

Name of Applicant: _____

Address & E-Mail Address: _____

Phone Number: _____

Interest in Property: _____

Name of Applicant's Agent - if different than above: _____

Address & E-Mail Address: _____

Phone Number: _____

Name of Owner(s) - if different than above: _____

Address: _____

Updated 07/2021

Phone Number: _____

Name of Architect, Landscape Architect, Planner or Engineer (please specify): _____

Address & E-Mail Address: _____

Phone Number: _____

PART B: SITE DESCRIPTION

Legal Address of Property: _____

Lot Number: _____ Block Number: _____ Locator Number: _____

Current Zoning: _____

Current Use of Site: _____

Are there any restrictions or covenants on the land that will affect the proposed use? *If so explain:*

PART C: PROPOSED PROJECT

Briefly describe the project and intended use: _____

Is this part of a Planned Unit Development (PUD)? Yes _____ No _____

How many dwelling units will result from the project?

Overall project density in dwelling units per acre:

PART D: SITE DEVELOPMENT/SITE INFORMATION

Total Square Footage of Site: _____

Total Square Footage of Building(s): _____

Ratio of Total Square Footage of Building(s) to Total Square Footage of Site Property: _____

Building(s) Height: _____ Number of Floors: _____

Total Number of Available Parking Spaces: _____

*Is Additional Parking part of the project? Yes _____ No _____ Explain: _____

Number Required by the Zoning Ordinance: _____

Explain the Reason for Requesting a Conditional Use Permit: _____

A Parking Study by an impartial Parking Engineer must be submitted as part of the application **if the supplied parking is less than the number of parking spaces required by the Zoning Ordinance.*

Provide a tabulation of the total square footage of the site and what percentage and amount of square footage will be reserved for off-street parking, open spaces, parks, etc.

<u>Intended Use:</u>	<u>Square Footage</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E. AMENDMENT TO/TRANSFER OF AN EXISTING CONDITIONAL USE PERMIT*

Please describe in detail the proposed amendment: _____

Please describe why amendment is being sought: _____

***A letter addressed to the Mayor & Board of Aldermen describing the request in detail must accompany this application.**

Signature of Applicant (Required): _____ *Date:* _____

Title: _____

Signature of Owner (Required): _____ *Date:* _____

Title: _____

*Application fee for Transfers/Amendments that are approved administratively and do not require appearance before the Plan Commission and/or Board of Aldermen is \$100.00